

ASS. REC. BY:

REF:

C72/ 220022361k9

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

09/28

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLD 2585C

Yr Regn:

09, 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy Allion

c.c

1498

Colour

M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading

241885

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

N8T260 3030361

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

Continental

R: LASS9 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

1/3/22

D.O.I.

9/3/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

& P1

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

Fax : 64816131

Not Authored
11 Pgs 8
Memory After Pain
12 days

| | |
|-------------|--------------------|
| balance c/f | <u>\$12,010.30</u> |
|-------------|--------------------|

Date:

85 C

| | |
|------|----------------------------|
| 1 pc | Front bumper |
| 1 pc | Front bumper reinforcement |
| 1 pc | Front bumper lower grille |
| 1 pc | Front radiator grille |

balance b/f \$12,010.30

| | | |
|-----------|-------------|---|
| CM | \$1,050.80 | ✓ |
| | \$455.70 | ? |
| PM | \$235.60 | ✓ |
| | \$287.50 | ? |
| | \$14,039.90 | |
| Less 25 % | \$3,509.98 | |
| | \$10,529.92 | |

S. Nett Item

| | |
|--------|---------------------------------------|
| 1 pc | Front no plate |
| 1 pc | Rear no plate |
| 1 pc | Rear reverse sensor |
| 1 pc | Rear reverse camera |
| 1 pc | Rear spare tyre panel black insulator |
| 1 pc | Rear windscreen sealant |
| 10 pcs | Rear bumper clip |

| | | |
|--------|----------|-------|
| PM | \$40.00 | ✓ |
| PM | \$40.00 | ✓ |
| PM | \$200.00 | ✓ |
| PM | \$300.00 | X |
| PM | \$200.00 | 120SN |
| PM | \$55.00 | 901SN |
| \$2.50 | \$25.00 | ✓ |
| | \$860.00 | |

Labour Charges

Remove/renew the above parts including knocking, welding & cutting etc.

\$1,800.00 1600

To putty & spray paint on rear accident affected portion.

\$1,800.00 1400

Check/reconnect wiring.

\$45.00 430

To spray anti rust on accident affected portion.

\$200.00 120

Check & realign four wheel

PM \$90.00 X

To set vehicle on chassis bent & to reset chassis.

\$350.00 250

Remove/renew rear undercarriages

PM \$550.00 X

Remove/refit rear windscreen glass to facilitate repair

\$120.00 ✓

Remove/refit roof lining to facilitate repair.

\$180.00 100

Remove/repair rear exhaust silencer.

\$150.00 60

Remove/refit fuel tank to facilitate repair.

\$100.00 60

Towing

PM \$50.00 X

Total \$16,824.92

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 01/03/2022 11:37 (SGT)
Date of Accident 01/03/2022 07:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD2585C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KIM NEO
NRIC No S6903818B
Email Address mary166969@gmail.com
Mobile Phone No (Phone) +65-91518668
Alternative Phone No +65-91518668

VEHICLE PARTICULARS

Manufacturer Toyota
Model Allion
Variant ALLION A1.5 A
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

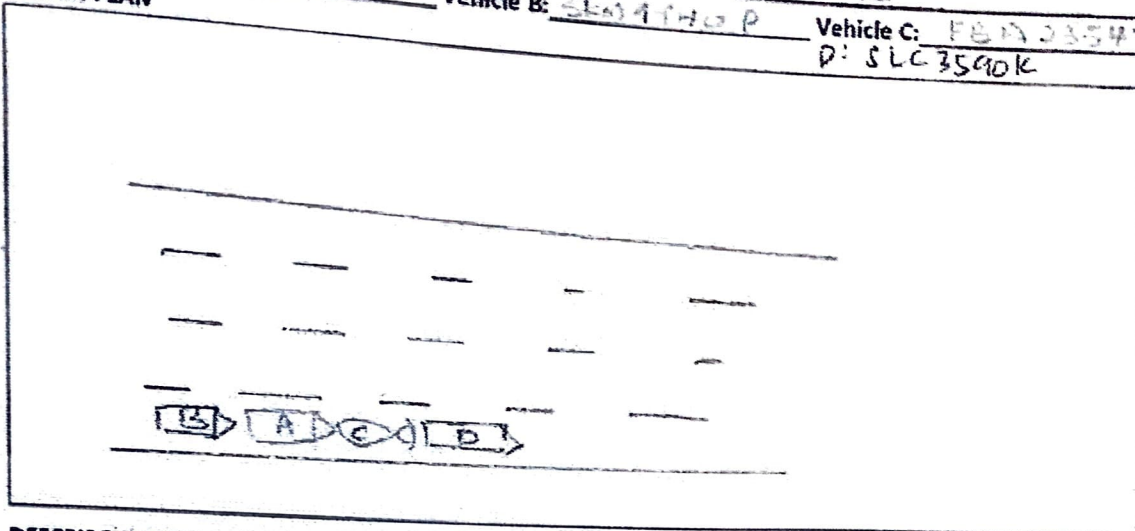
INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number P10237800R02
Cover Note Number 05/09/2021 - 0/09/2022

DRIVER

Name of Driver LEE KIM NEO
NRIC No S6903818B

Date of accident: 01/03 Time: 2:40PM Location: CTE
 My Vehicle A: SL005856 Vehicle B: SL01410 P Vehicle C: F8M23547
 SKETCH PLAN D: SLC3590K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE TRAVELLING ON THE VEHICLE D MAKE AN
 EMERGENCY BRAKE, MOTORBIKE C AND MYSELF (VEHICLE A)
 MANAGED TO BRAKE IN TIME. HOWEVER VEHICLE B
 CAN'T BRAKE IN TIME AND BANG MY VEHICLE FROM
 BEHIND. MY VEHICLE MOVE FORWARD AND HIT THE
 MOTORBIKE AND SHE LOST BALANCE AND KNOCKED
 ONTO VEHICLE D

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature: [Signature]
 Date & Time: 01/03/22
11:24 AM

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

Zila
 Ah Lim Motor Company
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/COMPLETED 01 MAR 2022
 AN LIM MOTOR COMPANY